

DEPOSIT GUIDE FOR SERVICES AT UTMB

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OUTPATIENT VISIT SERVICE	Tier 1	Tier 2	Tier 3	Tier 4
CONSULT VISIT LVL 3	\$200	\$80	\$40	\$0
NEW OUTPATIENT VISIT LVL3	\$160	\$80	\$40	\$0
EST OUTPATIENT VISIT LVL 3	\$95	\$70	\$35	\$0
EMERGENCY ROOM				
Moderate	\$1,070	\$290	\$170	\$170
Medical Screening Exam	\$170	\$170	\$170	\$170

NEUROLOGY	Tier 1	Tier 2	Tier 3	Tier 4
EMG	\$350	\$90	\$45	\$0
Extended EEG > 1hr	\$1,130	\$290	\$140	\$0
SLEEP LAB				
Sleep Lab Therapeutic	\$2,600	\$675	\$335	\$0
GASTRO/ENDOSCOPY				
Colonoscopy	\$2,220	\$480	\$240	\$0

INPATIENT SERVICE - PER DAY, ELOS	Tier 1	Tier 2	Tier 3	Tier 4
Medicine Service	\$1,200	\$325	\$160	\$0
Surgery Service	\$1,480	\$400	\$200	\$0

*Hospitalizations will require additional per day fees designated by Tier listed here	Tier 1	Tier 2	Tier 3	Tier 4
	\$1,480	\$400	\$200	\$0

*DAY SURGERY PROCEDURES BY GROUPER	Tier 1 Request Estimate	Tier 2	Tier 3	Tier 4
GROUP 1		\$235	\$115	\$0
GROUP 2		\$320	\$160	\$0
GROUP 3		\$360	\$180	\$0
GROUP 4		\$420	\$210	\$0
GROUP 5		\$480	\$240	\$0
GROUP 6		\$665	\$330	\$0
GROUP 7		\$675	\$340	\$0
GROUP 8		\$635	\$320	\$0
GROUP 9		\$745	\$375	\$0
GROUP 10		\$900	\$450	\$0
Pulmonary				
PFT w/Bronchodilator (Total Fees)				
Airway Resistance	\$205	\$50	\$25	\$0
PFT w/o Bronchodilator (Total Fees)				
Stress Test Simple (6 min walk)	\$650	\$160	\$80	\$0
INVASIVE CARDIOLOGY				
Left Heart Catheterization	\$3,145	\$1,390	\$695	\$0

NON-INVASIVE CARDIOLOGY	Tier 1	Tier 2	Tier 3	Tier 4
TTE without Doppler (1of3)	\$800	\$210	\$105	\$0
Doppler ECHO (2 of 3)	\$530	\$145	\$75	\$0
Doppler ECHO w/ Color Flow (3 of 3)	\$400	\$110	\$55	\$0
ECG/EKG	\$315	\$75	\$35	\$0
Exercise Stress Test	\$970	\$295	\$145	\$0
TEE-Transesophageal ECHO	\$500	\$160	\$80	\$0
Total Echo (TTE) Charges				
(1 of 3) Dobutamine Stress Echo	\$1,410	\$370	\$185	\$0
(2 of 3) Doppler Echo	\$530	\$145	\$75	\$0
(3 of 3) Doppler Color Flow w/velocity	\$400	\$110	\$55	\$0
Total DSE Charges				
Holter Monitor (24 hour)	\$130	\$325	\$163	\$0
(1 of 3) Exercise Stress Echo	\$1,410	\$370	\$185	\$0
(2 of 3) Doppler Echo	\$530	\$145	\$75	\$0
(3 of 3) Doppler Color Flow w/velocity	\$400	\$110	\$55	\$0
Total XSE Charges				
EKG	\$315	\$75	\$35	\$0

PHARMACY

We currently do not have an outpatient pharmacy. It will be your responsibility to buy any medications prescribed by your doctor at a pharmacy of your choice. Many pharmacies offer reduced prices for a large range of medications, please check with your local pharmacy



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RADIOLOGY	Tier 1	Tier 2	Tier 3	Tier 4		Tier 1	Tier 2	Tier 3	Tier 4
ANGIO- FLUORO GUIDED LUMBAR PUNCTUR	\$565	\$100	\$50	\$0	MRI- ANY JOINT	\$2,105	\$535	\$270	\$0
CT - HEAD W/O CONTRAST	\$1,740	\$450	\$225	\$0	MRI- BRAIN WO/W CONTRAST OR SPINE	\$3,095	\$830	\$415	\$0
CT- ABDOMEN/PELVIS W/CONTRAST	\$2,195	\$575	\$290	\$0	MRA- HEAD WO CONTRAST	\$2,340	\$615	\$310	\$0
CT- ALL OTHERS	\$1,915	\$495	\$250	\$0	MRA- NECK	\$1,500	\$365	\$185	\$0
DEXA - DEXA-AXIAL	\$120	\$30	\$15	\$0	NUCLEAR MEDICINE	\$1,295	\$320	\$160	\$0
GENERAL					NEUROLOGY				
CH1- CHEST, 1 VIEW	\$225	\$55	\$30	\$0	A2463 - ANGIOGRAM, CEREBRAL, BILAT	\$3,815	\$300	\$150	\$0
CH2- CHEST, 2 VIEWS	\$255	\$65	\$35	\$0	INTERVENTIONAL				
ABD1- ABDOMEN, 1 VIEW	\$280	\$70	\$35	\$0	NNEMBO - NON-NEURO EMBOLIZATION	\$11,265	\$1,515	\$755	\$0
BEAC- BARIUM ENEMA WITH AIR	\$995	\$265	\$135	\$0	DISLUM - DISKOGRAPHY OF LUMBAR SPINE	\$1,875	\$385	\$190	\$0
GENERAL ALL OTHERS	\$360	\$90	\$45	\$0	ICEMBO - INTRA CRANIAL EMBOLIZATION	\$5,370	\$1,185	\$590	\$0
MAMMOGRAPHY - DIGITAL SCREENING/DIAG	\$165	\$40	\$20	\$0	PICC - INSERT PERIPHERALLYWO PUMP	\$1,430	\$180	\$90	\$0
MAMMOGRAPHY - ULTRASOUND	\$400	\$100	\$50	\$0	BXLIVE- PERCUTANEOUS LIVER BIOPSY	\$2,040	\$345	\$170	\$0
USCORE- US CORE BIOPSY	\$715	\$180	\$90	\$0	USGPA - US, GUIDANCE FOR PARACENTESIS	\$1,000	\$150	\$75	\$0
MRI- BRAIN AND STEM WO CONTRAST	\$2,350	\$615	\$310	\$0	VEN- INSR TUNN CV CATH WO/W SUB	\$4,900	\$645	\$325	\$0
MRI- LUMBAR SPINAL WO/W CONTRAST	\$3,550	\$940	\$470	\$0	ULTRASOUND	\$460	\$115	\$60	\$0

Labs	Tier 1	Tier 2	Tier 3	Tier 4
GROUP 1 - Charges < \$50	\$40	\$10	\$5	\$0
GROUP 2 - Charges \$51 - \$100	\$80	\$25	\$10	\$0
GROUP 3 - Charges \$101 - \$200	\$160	\$45	\$25	\$0
GROUP 4 - Charges \$201 - \$300	\$240	\$65	\$35	\$0
GROUP 5 - Charges \$301 - \$400	\$320	\$85	\$45	\$0
GROUP 6 - Charges \$401 - \$ 500	\$400	\$110	\$55	\$0
GROUP 7 - Charges \$501 - \$700	\$480	\$130	\$65	\$0
GROUP 8 - Charges \$701 - \$1,300	\$800	\$215	\$110	\$0
GROUP 9 - Charges \$1,301 - \$1,800	\$1,440	\$390	\$195	\$0

*Tier 1 patients will be balanced billed for the remainder of their services at the rate of 80% of charges minus the deposit paid.

**Tier 2 patients will be balanced billed for the remainder of their services at the rate of 50% of charges minus the deposit paid.